

Midwifery Scope of Practice Comments January 17 through January 23, 2013

Posted January 23, 2013

Home birth is a viable and healthy option for moms and babies. I gave birth to my son at home following a hospital birth with my daughter. My experience at home was infinitely better and gave us all a family experience that we will never forget. Choosing to be at home to birth your child with the assistance of a midwife, is just that, a choice.

The state should ease up on the unnecessary restrictions that midwives face, not impose more onerous rules upon midwives who are already buried under an avalanche of outdated regulatory burdens. Please allow these well-trained, well-prepared midwives to practice their craft without so much interference by the state. It is my hope that more moms will take midwife-assisted birth into consideration when making their birth choices; it certainly was a wonderful decision on our part.

Posted January 20, 2013

I was dismayed that I had missed the meeting in which the public was allowed to air our comments and opinions on revising the scope and practice of Licensed Midwives. I wish I had been there to add my own experiences and opinions, and I sincerely hope you will accept this letter in lieu of an appearance there, and accord it the same weight.

I have had both a hospital birth with an OB/GYN and a birth center birth with a Licensed Midwife, so I feel comfortable speaking about both. I was ignorant on the subject of birth with my first child. Despite being a college graduate, I had never researched my options, and simply assumed that the OB/GYN who had helped me through a scare with cervical cancer was logically the best choice to assist me in giving birth to my son. Right away I realized that something was wrong. I felt like a number in her office, which I can never recall feeling when I was simply her gynecological patient. She spoke of inducing me at my 20 week anatomy scan, far before any indicator that I would need something like that could have even arisen. She glanced at my birth plan and shrugged, saying, "I'll try, but things come up in the delivery room that we can't plan." I was told at the hospital tour that I would not be allowed to eat or drink, despite the tour guide herself telling us that she had smuggled in food because she felt too weak and couldn't have had her son without some nourishment. When my water started leaking at 37 1/2 weeks, I went in, excited that this was the big day. I was immediately put on pitocin, which I had requested to not have, given so many tubes and monitors that I was unable to walk the floors (as I had been told was ideal for getting labor to progress) and eventually given an epidural that was turned up so high, I was unable to feel any contractions at all. I had requested a "walking epidural," or one with a low enough dose that I could walk around, by the way. The nurses stopped checking my dilation progress for about 6 hours, but they had been marking a lack of progress on my chart, and informed my OB that I was failing to progress. The OB had to drive back and forth from two other hospitals, and was in a foul mood. I was prepped for a cesarean while she drove to the hospital. I started crying, insisting that I had not been checked for hours, that I didn't want unnecessary major abdominal surgery, and that this was not what I had wanted. I wanted pain relief, but not at the cost of being treated like a human being capable of making her own decisions about her own body. The nurse rolled her eyes, remarking that there was no way I had dilated any more in the last hour since it had been marked on my charts that I'd been checked...and then her eyes popped open. I was at 10 cm, with my son's head in the birth canal. Who knows how long I'd been that way? My epidural was hurriedly turned down so that I could push, the pitocin turned up, and the OB arrived just in time to give me an episiotomy I'd explicitly refused. She pulled out my blue, not breathing son (who was less than 7 lbs, and not nearly big enough for an episiotomy that is dubiously effective for speeding up birth even in the case of a large baby) and handed him away to be given oxygen and be put under a heat lamp. The oxygen unit was on wheels, so I know it was portable, and I had explicitly asked for my son to be handed to me for immediate skin-to-skin contact that has been medically proven to warm the baby and

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improve circulation better than a heat lamp, but instead my first few moments with my child were callously ruined by a medical team who thought their method was better, and that my opinion was worthless. I have since researched and found out that being born with such a low APGAR can be correlated with waiting in the birth canal, ready to be born, for an extended period of time.

I feel that I was truly emotionally scarred by this experience, so there was no doubt in my mind that I would not risk this again in subsequent births. I sought out a birth center, a "compromise" between a home and hospital birth for my husband who was skeptical. I won't go into details, but that birth was a wonderful, healing experience that I needed to move on from my hospital birth horror. I had two Licensed Midwives, a student midwife, and a doula attending me.

I have shared my experience, not to garner sympathy, or to change the medical model of care to prevent other women from having this experience (although a more patient-centered hospital birth could only be a positive change,) but to convey to you the type of women who often seek a Licensed Midwife's care for their second pregnancy and beyond. My birth story, sadly, is not terribly uncommon. It's also not nearly as bad as many other stories that have been told to me from other women. I was a lucky one. I avoided a cesarean. I did not suffer permanent damage from my unnecessary episiotomy. I was able to breastfeed despite the terrible advice from the uncertified "lactation consultant" the hospital provided. But many other women aren't as lucky. One bad hospital birth not only emotionally scars them, but leaves them with few options because they had an unnecessary (or sometimes necessary) cesarean section the first time around.

We are traumatized women. Our experiences have left us with anger, frustration, fear and regret. And we will be damned if anyone will ever force us to do it again. I informed my husband that I would sooner not tell him that I was in labor and give birth unattended in our bedroom before I would ever set foot in a labor and delivery ward of a hospital to birth again. I meant it, too. Once again, I was lucky. Not only do I have a reasonable husband who agreed to my choice in midwifery care, but I was able to legally seek that care. I have to say, it would not have mattered to me if I'd had a previous cesarean, been carrying multiples, or had a breech child in my belly. I simply was not going to go back.

Please keep this in mind when making your decision whether to allow Licensed Midwives to attend these births. It's not the difference between allowing them to give birth "safely" in a hospital or "unsafely" with a LM. It's the difference between allowing them to seek professional care from a LM, or to force them to have a potentially fatal unassisted birth at home.

I know the current plan is to allow these births to be LM attended only after an OB explains the risks and signs off on them. This is unacceptable because OBs already have notoriously high malpractice insurance, and are understandably reluctant to put themselves in any situation that they think might make them liable. No OB I know of would sign off for care they disapprove of and thereby open themselves to a possible lawsuit if anything went wrong. The LMs themselves are more than capable of explaining the risks of these births to their potential clients. More than that, they are very careful to choose only mothers and pregnancies that they think will end in a healthy, happy mother and baby. They are very careful about not risking their licenses and reputations.

Furthermore, the statement that the clients of LM are not as informed of the risks as hospital patients because we are often cash paying clients is not only false, it is insulting. We are paying in cash because our insurance will not cover the birth or care we want or need, and because we are willing to do almost anything to avoid a hospital birth. I would challenge someone to do a demographic survey of LM clients. I would bet my son's college fund that we are, on average, more educated and informed than the typical hospital birth patient. Many of us are college graduates and have done extensive research regarding our

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options for birth.

Please consider my statement when making your decisions regarding the scope and practice of Licensed Midwives. It does not have to be the hostile environment it is now for women wanting an out-of-hospital birth. We are not opposed to new certifications for midwives to learn and able to then attend a breech, twin, or VBAC birth. We just want to have the option to legally choose to have a LM attended birth.

Posted January 18, 2013

I am an individual in the birth community/home-birther supporter but I most certainly do not feel that VBAC, Breech, Twins are safe at home. I feel as if the Local LM's are NOT trained adequately enough to handle an emergency situation at the patient's house. I feel as if they don't have the appropriate schooling, education, knowledge, let alone EQUIPMENT! This would be a very poor decision on the ADHS part if they passed this "law" and you guys will end up picking up dangerous and deadly outcomes. I hope you understand how this will impact the community.

I, as a Labor and delivery RN, am opposed to ADHS endorsing the scope of practice for Nurse Midwives to include home births of VBAC, Breech and Multiples. I firmly believe that encouraging high risk deliveries at home poses a serious risk to the health and safety of mom and baby. Regardless of what the percentages are 1 bad outcome is too many. No parent is going to know if they are going to be that bad outcome that everyone fears. Why take that chance with your unborn baby/babies and yourself. There is no guarantee that there will not be problems in a hospital setting but at the very least there are team members IMMEDIATELY available if needed.

Posted January 17, 2013

I encourage the Department to broaden the Midwifery Scope of Practice to support the rights of mothers to choose the care provider and birth place that they feel is the best fit for their family. My first child was born in a hospital in Phoenix and, overall, I did have a positive outcome. However, my husband and I received a lot of pressure to accept medical interventions that we did not feel were evidence-based nor in the best interest of our family. We had educated ourselves in these matters and politely declined the interventions. The doctor responded with the comment, "I thought you cared about your baby!" Why yes, as a matter of fact, a mother cares about her own baby more than anyone else does, thank you. As a result of standing up for ourselves and insisting to be judged as an individual rather than a statistic, we had a natural birth with a healthy baby and healthy mama. When we were expecting our second child we experienced complications early on and went to an OB-GYN for support. She misdiagnosed the pregnancy as a blighted ovum and wanted to do a D&C. We declined the procedure and began care with a licensed midwife, not knowing whether our pregnancy was going to continue or not. We were welcomed with open and loving arms and received an incredibly personalized and high level of care. Our visits with our midwife were an hour each and so much more comprehensive than the 5-10 minute appointments we had with an OB-GYN during our first pregnancy. Our second child was born at home and we had an overwhelmingly positive experience. The care we received during the newborn exam and postpartum (at birth and for the next many weeks) was light years beyond what we received in the hospital. These licensed midwives are extremely skilled. I am a childbirth educator and a birth doula and I see time and time again a dramatic difference between the prenatal care given to mothers preparing to birth in a hospital versus preparing to birth out of the hospital. I have had many mothers birth in a hospital only to regretfully report that they wish they had chosen a homebirth and will do so next time. I have never had a homebirth mother (even amongst those who have needed to transport to the hospital) express a wish that she had planned a hospital birth. I don't fault the OB-GYNs for this lower level of care. They likely have the most difficult jobs in medicine: trained surgeons who are often on-call and juggling their

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practices, regular gynecological care, gynecological complications, regular prenatal care, care of women with complicated pregnancies, care of women during normal births, care of women during complicated births, and cesarean sections. We are expecting too much of these doctors. Let us follow the excellent models of midwifery in other countries and open the doors for licensed midwives to provide care for healthy pregnancies and allow the OB-GYNs to provide the specialized care for complicated births. This method is proven to be best for mothers, it is proven to be a more affordable approach, and it is also the preference of many consumers - as your board has seen/heard. I would encourage your panel to observe a homebirth in action before casting them in a negative light. Arizona is known for supporting individual's rights. Please lead the way in this effort, and do not let special interests hinder the ability of a woman to choose her preferred care provider. Thank you for your time and dedication to this matter.

I strongly support the Midwifery Scope of Practice. Every woman should have the right to choose where she wants to birth, and who she wants to attend that birth. Whether she wants to birth in a hospital, a birth center, or at home; with a midwife or an OB, that should be her choice. Women are perfectly capable of researching and understanding the risks of each type of birth, regardless of her level of education. To suggest otherwise is belittling and offensive. I do have a Masters degree, but it has nothing to do with my ability to make choices about my birth and prenatal care.

The most important thing we can do to reduce risk to home birthing women is to improve the communications between tertiary care and licensed midwives. I believe it is time to make demands of our tertiary care system to 1) include local licensed midwives in the continuous quality work of our L&D units, 2) recommend the appointment of an LM to the OB practice committees in our hospitals, and 3) include EMS and licensed midwives in the emergency drills we plan and perform in the hospital setting as well as NRP classes etc. These recommendations are supported by the JC's sentinel event alert on safety in perinatal care and could be in the purview of the Arizona Perinatal Trust.

I am an RN with nearly 20 years of perinatal nursing experience in a variety of settings. I am a volunteer site visitor for the Commission for the Accreditation of Birth Centers (CABC). One absolute standard for accredited birth centers is that there is a planned mechanism for transport and admission of women from out-of-hospital setting to tertiary care. I've been learning much about the barriers that WE nurses and doctors in the hospitals have been putting up towards licensed midwives. States have gone to great length to assure the safety of licensed midwifery practice--often guided by physicians or nurses who have precious little experience in working with midwives or out-of-hospital birth---and influenced by fear rather than rational statistical evidence. Hospitals are safe because we've mechanized our processes to the point of impersonal and invasive care, but mistakes are common and risk of injury IS inherent. A highly attentive and conscientious licensed midwife is a very reasonable course of action and choice for a woman to make. It's time for us nurses and doctors to recognize the nature of women's choices and to create a safe, informed, and collegiate mechanism of transfer and care. Olga Ryan, MS-NL, RN

I am a mother of three girls all born at home. They have been great births! I heard that the fact that most homebirthers pay out of pocket came up, and that some were misinterpreting what this means. The reason why is because insurance rarely pays for homebirth. So typically, homebirthers are people who have insurance. They have the option to give birth in the hospital and thereby pay less money. However, they make an informed decision for themselves that homebirth is better in their case, and then take on the additional financial burden that entails. An example is comparing myself and my brother-in-law. We both had babies recently. I paid almost \$3000, and my brother paid \$200 out of pocket.

Dear Mothers and Others - Over the last hmm 4+ decades of my adult life, I have seen many more risks to management of hospital births than home. Of course this is not a study, it is my observation, and that of many many others including my clients. I experienced 2 hospital and 2 home births, and prefer the latter for healthy birthing environ and support with no question. I realize there are scope of practice issues

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which are well addressed in many other states and wonder why this idea that hospital learning is better than good home birth midwifery training for a practice respecting those scopes of practice? As a postpartum doula and trainer, my concerns are more to the outcomes from postnatal care - hospital and home. This is the black hole in health care and has been for a long time. In my respectful opinion, there are priorities off in the medical system. AND there is much need to work together, not as if it is a good girl bad girl context of practice for homebirth midwifery. Training needed is less, the safety factors for properly screened mothers is a greater safety not lessor, with homebirths.

It is my understanding that the State Board of Nursing wishes to limit the practice of Midwifery and the availability of home births to women. This would be a tremendous disservice to women, mothers and the practice of nursing. Nurse Midwives and home births have been shown to be safe by numerous studies. By limiting a woman's access to health care professionals, the State Board will be contributing to increased health care costs. Having a home birth is a safe, cost-efficient and family centered practice. As a nurse I consider myself a patient advocate and I believe it is a woman's right to choose the setting and the people who attend the birth of her child. By creating more laws, the State Board will simply be turning expectant mothers and health care providers into criminals. Is that really what the Board aims to accomplish?

In centuries past there women having babies long before you all appeared on the stage. I desire to have the right to have my child born where I choose and not be legislated to where you think I should have the baby born. It is my God given right and not yours to remove from me and my family. Sincerely, Mary Jane W. Pacheco, Tempe, AZ 85283

I fully support the practice of midwifery and home birth. I am a college professor and have educated not myself not only in the field I work in but also in pregnancy and birth. This is due to the fact that I have one child that I delivered with a midwife and a 2nd on the way that I will delivering at home. Home is a wonderful place to be. Calming, relaxing and an ideal environment for a newborn baby to enter the world.

As an infant development specialist with a master's degree in the field and a DONA certified doula, I strongly disagree with any legal movement that would limit a woman's right to birth where she chooses. There is a large body of research ignored by many medical practitioners that supports not only the safety but also the clear cut physical and emotional benefits of a woman being able to choose her own birthing environment and procedures to the exclusion of absolutely necessary medical intervention. It would be a huge step backwards for the state of Arizona to rashly make amendments that would inhibit the progressive movement of freedom of choice in birth that is growing all over the country. It appears that much of the argument in favor of such limiting measures is coming from those in the field who have a passion for what they do but are unsure of what the implications of definite freedom of choice for women would be on their daily practice and what it may mean to their field as a whole. In areas where women are given the freedom to choose both environments and procedures, there are better birth outcomes and more harmonious professional relationships among doctors and midwives. It is obvious that everyone involved wants what is best for mothers and babies. As a birth professional, it is my desire that everyone work together to ensure women their freedom of choice for their birth experience, in order to both improve birth outcomes and professional relationships.

I had a hospital birth with a doula for my first baby because I wanted to make sure everything went smoothly. My doctor almost missed the birth, sitting at the foot of my bed barely in time to catch my son. I'd have done fine with a home birth, but I chose to birth in a hospital. I might decide to birth at home for my next one, and believe that if I choose to do so, I should be allowed. My labor was only 7 1/2 hours with my first, and should I have a faster labor next time, a hospital birth might not even be possible. For

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myself and other women, I believe that taking away our right to choose where to birth our babies and who attends their births is a violation of our freedoms. We should be able to retain the right to choose the birthplace that we feel is best, and if we want to birth at home with a midwife, we should have every right to do so.

I beg of you to let the choice be with the mother. Women who choose homebirth do not do so lightly! With few exceptions, these are educated women who are honestly just trying to do what is best for them and their babies! I birthed all 3 of mine at home with highly trained midwives. Even our pediatrician told me that had I not birthed the twins at home, my BEAUTIFUL, FLAWLESS birth wouldn't have been allowed and would have ended in an unnecessary cesarean with all the risks involved. Not only that, but almost certainly, the twins would have been born seriously premature. I went into full-on labor at 32 weeks. Under the guidance of my midwives, using a hard-core nutrition regimen (that was a full time job, believe me), sacrum adjustments, and a few other "tricks" you won't get from a doctor, we stalled labor until 39 weeks and both the babies were over 8 pounds. You won't find that kind of guidance in a hospital! I researched thoroughly how doctors handle premature labor (since over 60% of all twins are born premature), and the only thing they do is bed rest and drugs that have a VERY LOW success rate (not to mention a long list of terrible side effects)! PLEASE, PLEASE, PLEASE don't take this choice away from women!!!

I believe in a woman's right to choose how and where and with whom she births. I do not believe that anyone should interfere with that right, especially the state. I do not believe that birth is a medical process. If animals can birth alone, then surely intelligent humans can do the same. I lived in Arizona for 3 years and have had two home births. Currently I live in Switzerland where home birth is encouraged and is very successful. Last year I had an unassisted home birth here. We are considering moving back to Arizona this year, however we will not consider it if midwifery is too highly regulated or disallowed. The right to my own body and my own birth is VERY important to me.

I am a mother of two. Both children were born in a hospital setting & both were born naturally, without medication. However, both required emergency medical intervention without which I would not have survived. Now, I hear a great deal from women I personally know in the field of home child birthing. Frankly, they are risking the lives of the women & infants they are involved with. The lack of sanitary conditions, the overly self-assured attitude that they can handle anything a hospital could and the amateur method of at home self training is appalling. Home births done in a child's swimming pool filled with the water hose dragged in from outside is just one example of unsanitary risk factors I have seen. Please, regulate the training requirements with verifiable supervision & education. Mandate the basic cleanliness of where these births are allowed to take place. Finally, for gods sake mandate emergency protocols instead of leaving it up to whenever the midwife "feels" like she can't handle things.